

GROUP HOME PROGRAM

DAYS OF CARE SCHEDULE (SR 5)

Submit One For Each Program

CORPORATE NAME:								PROGRAM NAME:				PROGRAM NUMBER				REPORTING PERIOD			
																MOYR—MOYR			
(1)		(2)											(3)		(4)		(5)		
YEAR																			
MONTH		JANUARY (31)	FEBRUARY (28)	MARCH (31)	APRIL (30)	MAY (31)	JUNE (30)	JULY (31)	AUGUST (31)	SEPTEMBER (30)	OCTOBER (31)	NOVEMBER (30)	DECEMBER (31)	TOTAL	AVERAGE	DSS USE ONLY			
1. Clients at Beginning of Month																			
2. Admissions																			
3. Discharges																			
4. Actual Number of Client Days																			
5. Licensed Capacity																			
6. 90% of Licensed Capacity																			
DSS USE ONLY																KDE DATE: — —			

DAYS OF CARE SCHEDULE (SR 5)

PURPOSE:

The Days of Care Schedule (SR 5) captures historical or projected monthly data on the occupancy and licensed capacity of the group home program.

INSTRUCTIONS FOR COMPLETION:

Submit one schedule per group home program.

Corporate Name: Enter the Licensee/Corporate name shown on the Group Home Program Rate Application (SR 1).

Program Name: Enter the program name, if any, shown on the SR 1.

Program Number: Enter number previously assigned by DSS. For a new provider application: leave blank.

Reporting Period: Based on the reporting period, enter the first month and its year and the last month and its year. For a fiscal year, the reporting period will be January through December of the previous calendar year. Annual applications are based on the previous calendar year. The reporting period must be the same as that on the Program Classification Report (SR 2). Programs with less than twelve months of operation should not enter data for a month prior to the effective date of the program. For a new provider application, enter the proposed first month and twelfth month of operation.

Column 1 -Year

Indicate the year above the appropriate months in column 2.

Line 1. Clients at Beginning of Month

Enter the number of children in placement at the beginning of each month for the reporting period. All children in a given program are to be included, regardless of funding source.

(Note: Children of minor parents in placement, funded through SB 510 funding are not considered to be in placement and would not be included in this count.)

Line 2. Admissions

Enter the total number of children admitted into the program for each month.

Line 3. Discharges

Enter the total number of children discharged from the program for each month.

Line 4. Actual Number of Client Days

Enter the actual number of days of care provided. To calculate the actual number of days of care, multiply the number of children who were in the program for the entire month by the number of days in the month. (The number of days in each month is listed under each month's name on the form.) Add the number of days for other children admitted or discharged during the month.

NOTE: The first day of care is counted: the last is not.

Example: Bryan and Tim were residents for the full month of July. Robert was admitted on July 10. James was discharged on July 21.

Calculation:

Bryan and Tim	62	(2 residents x 31 days)
Robert	22	(count the first day)
James	20	(do not count the last day)
	104	Actual Number of Client Days for July

Line 5. – Licensed Capacity: Enter the capacity as stated on the license in effect for each month. If the capacity changed during the month, enter the prorated capacity for the month.

Example: The capacity of a six-bed program increased to 12 beds on June 16. The average capacity for June is nine beds.

Line 6. – 90% of Licensed Capacity: Multiply the licensed capacity in line 5 by 90 percent and enter. This item will also transfer to the SR 2, Column 1. NOTE: The minimum amount that may be entered on the SR 2, column 1 is 5.4.

Column 3 – Total:

Line 4 – Total the monthly client days.

Line 5 – Total the monthly capacities.

Column 4 – Average:

Line 5 – Average licensed capacity: divide the number in column 3 by the number of months in the reporting period.

Line 6 – Average of 90% of licensed capacity: Multiply the number in col. 4, line 5 by 90 percent.